



RENTAL REFUND

Rental Date: _____

Payee Company/Club/Organization Name: _____

Payee (Person) Name: _____

Payee Address: _____

Payee City: _____ Payee Zip: _____

Location _____

Permit #: _____

Original Receipt #: _____

Deposit Refund: FULL PARTIAL

If Partial deposit refund, reason why: _____

Additional fees to be charged? To be taken from deposit? YES NO

<u>Fee Name</u>	<u>Fee Amount</u>
_____	_____
_____	_____
_____	_____

Refund Method (circle one)

Refund	Account	Credit
Check	Credit	Card

Total Refund Amount: _____

Approved: _____

Date: _____